

# Foster Family Home - Corrective Action Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-5

91-1063 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/21/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection conducted for this CCFFH. Home met all temporary compliance requirements as determined during Covid-19 criteria at the time of the home inspection. No corrective action required

Jackie Chamberlain  
Compliance Manager

Rowena Cabello  
Primary Care Giver

4/22/2020  
Date

4/22/2020  
Date